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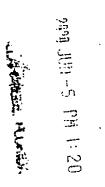
(Requestor's Name)
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PICK-UP WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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COVER LETTER

TO:

TO: Registration Sect Division of Corp		•	
SUBJECT: Par	ok flaming	50 IIC	
SORTECT:		ited Liability Company	<u></u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Calvin	Name of Person	
	Pank	Flaningo Ll	<u>C</u>
	1320 5	OUHN FLOUNS Address	street_
	Talianass	City/State and Zip Code	
	_	10 00 00 00 00 00 00 00 00 00 00 00 00 0	fication)
For further information cor	ncerning this matter, please ca	all;	
Calwin II	10M p50M	at (SSO) 545 Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 6327 Tallahassee, Fl	•	The Centre of T	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Designer Inspired	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) (ted Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
Pank Flamingo LLC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1326 South Adams Street
(Principal office address MUST BE A STREET ADDRESS	Tallarassee A 32301
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2020 SECTALLY
B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	in Thompson # 2
New Registered Office Address: 1324	South Adams Enter Florida street address
Tallaha	
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mGl</u>	Lakesha C. Thompson	1326 South Adams St	⊡∕Add
		Taliahassec fl 32301	□Remove
			Change
			🗀 Add
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ffect	ive date, if other than the date of filing: (optional)
an eff ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
recor l is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
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ated	<u>(6 5 // , 3020 .</u>
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	(after 12
	Signature of a member or authorized representative of a member
	'///